



CHILD CARE SPACE AVAILABILITY FORM

Licensee:	
Parent/Guardian Name:	

* Programs: Infant, Toddler, Preschool, Kindergarten, Primary Junior School Age Program, Summer Program
 (LICENSEE: Please list all programs that child/REN will be using during the year).

* Days to Attend: Days of week child will be attending program (i.e.: M, W, F or M to F)

* Placement Type: FD, HD, etc.

Child's Name	Program	Days to attend:	Placement Type (FD, HD, HD with lunch, Before School, After School, etc.)	Anticipated Start Date	ADSAB office use only (indicate approval info)

NOTE: SHOULD YOU CHOOSE TO PLACE YOUR CHILD PRIOR TO SUBSIDY APPROVAL, YOU WILL BE RESPONSIBLE FOR ALL COSTS INCURRED SHOULD YOU NOT QUALIFY FOR SUBSIDY.

Signature of the Provider:	Date:
Signature of the Parent/Guardian:	Date:

ADSAB OFFICE USE ONLY

Subsidy Application Results	
Parental Fee	
Effective Date	
Approved By	